							s and *Pri Reverse Si			Page 1 of 1 Pages					
CLAIMANT'S NAME							EMPLOYEE			DEPARTMENT CAI/EPA					
Cynthia Tuck CB/ID NUMBER						DIVISION	On File OR BUREA		Cail	INDEX NUMBER					
Undersecretary							of the S	Secreta							
1001 I Street							Street				TELEPHONE NUMB 916.324.37				
STATE ZIP CODE						CITY				STATE			ZIP CODE		
(1) MONTH/YR May-09 (3) (4) LOCATION		(4)	(5) MEALS		Sacra	(6)	(7) TRANSPORTAT			TION		(8)	95814		
				BREAK-		N/C, RELO OR	INCIDEN-	(A)	(B)	(C)	(D)		BUSINESS	TOTAL EXPENSES	
		LOCATION WHERE EXPENSES													
(2) DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	COST OF TRANS	TYPE USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
5/7	11:50	Sacramento - Anaheim									11	\$5.50		\$5.50	
5/8	18:30	Anaheim - Sacramento					\$6.00			\$30.00	16	\$8.80		\$44.80	
	\$311.20 (AIRFARE (Not included in subtotals or claim to														
		(NA) CAR RENTAL (Not incl	total)												
(10)	SUBT	OTALS												50.30	
	COLU	IMN CODE (ACCTG USE ONL	.Y)												
	CLAIN	M TOTAL													
(11)		SE OF TRIP, REMARKS AND DETAILS (Atta e at 5/7 dinner event with stude	•			n Dartic	inated in	5/9 hro	akfact	nanol	(12) NORMAL WORK HOURS 8:00-5:00				
		onmental protection. Gave awa	(13) P			SE NUMBER									
	from a	and to airport with CalEPA staff	person.												
											(14) N		rate claimed cents		
(15)	I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the													G OFFICE	
. ,	State of vehicle	California. If a privately owned vehicle was equal to or greater than the rate claim	was used, and med, and that	if mileage ra I have met t	ates exceed t	ne minimum	rate, I certif	y that the o	cost of o	perating the					
CLAIMA		nd 0754 pertaining to vehicle safety and s GNATURE	sear Deit USAGE	DATE		(16.) SIGN	NATURE OF	OFFICER	APPRO	VING TRAVEL A	ND PAY	MENT	DATE		
$\triangleright$															
(17.) SI	PECIAL E	EXPENSE AUTHORIZATION - SIGNATU	IRE and TITLE	(See Item	17 on reverse	)							DATE		
	•														

							structions and *Privacy ement on Reverse Side						Page 1 of 1 Pages			
STD. 262 (REV. 06/93) (CIWMB AUTOMATED 08/93)  CLAIMANT'S NAME  State							EMPLOYE		₹ *	DEPARTMENT						
Cynthia Tuck							On Fil	EPA								
CB/ID NUMBER						DIVISION	OR BUREA	\U		INDEX NUMB	ER					
Undersecretary						Office	of the	Secret								
1001   Street							Ctroot					TELEPHONE NUMBER 916.324.3708 ZIP CODE				
1001 I Street						CITY	Street			STATE						
						4 Sacramento						CA		95814		
(1) MO	NTH/YR		(4)		(5) MEALS		(6)	,		TRANSPORTAT	(D)		(8)	(9)		
May-09		-				N/C,		(A)	(B)	(C)						
		LOCATION				RELO				CARFARE				TOTAL		
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIDEN- TALS	COST OF TRANS	TYPE	TOLLS, PARKING	PRIVA	E CAR USE AMOUNT	BUSINESS EXPENSE	EXPENSES FOR DAY		
5/15		Sacramento - Los Angeles	\$114.04	\$6.00				\$7.80	RC	\$18.00		\$8.80		\$154.64		
$\overline{}$	5:30	_	φ114.04													
5/16	16:00	Los Angeles		\$6.00			\$6.00	\$46.46	RC	\$18.00	16	\$8.80		\$85.26		
			<del> </del>													
			1	<u> </u>							-					
		\$303.20 AIRFARE (Not include														
		,	ı													
		\$46.45 CAR RENTAL (Not incl	total)													
(10)	0) <b>SUBTOTALS</b> 114.04 12.00							6.00 54.26 36.0				17.60		239.90		
	COLU	IMN CODE (ACCTG USE ONLY	)													
	CLAIN	M TOTAL														
(11)		SE OF TRIP, REMARKS AND DETAILS (Attach	receints/voucher	s when requi	red)						(12) N	ORMAL WO	ORK HOURS			
` '		uck met with Austrian Federal Mi				kovich. S	She gave	e a prese	entatio	n to	(12) 1	8:00-5:0				
		ustrian Trade Delegation regardi									(13) P	RIVATE VE	HICLE LICENS	SE NUMBER		
	busine	ess delegation regarding clean te	chnology.	She atter	nded a rec	eption at	Austrian	Counse	el Gene	eral's						
	reside	ence honoring the Minister.									(14) N		ATE CLAIMED			
														cents		
	I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the															
	vehicle	was equal to or greater than the rate claims of 0754 pertaining to vehicle safety and sea	ed, and that I ha													
CLAIMANT'S SIGNATURE DA					DATE (16.) SIGNATURE (				OF OFFICER APPROVING TRAVEL AND				DATE			
$\triangleright$																
(17.) 5	PECIAL	EXPENSE AUTHORIZATION - SIGNATU	RE and TITLE	(See Item	17 on reverse	)							DATE			
	>															